

# CLAIMS ONLY

3-14-05

Application Number

10-715664

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

BEST AVAILABLE COPY

| CLAIMS       | AS FILED -- |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|-------------|--------|-----------------------|--------|------------------------|--------|
|              | Indep       | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |             |        |                       |        |                        |        |
| 2            |             |        |                       |        |                        |        |
| 3            |             |        |                       |        |                        |        |
| 4            |             |        |                       |        |                        |        |
| 5            |             |        |                       |        |                        |        |
| 6            |             |        |                       |        |                        |        |
| 7            |             |        |                       |        |                        |        |
| 8            |             |        |                       |        |                        |        |
| 9            |             |        |                       |        |                        |        |
| 10           |             |        |                       |        |                        |        |
| 11           |             |        |                       |        |                        |        |
| 12           |             |        |                       |        |                        |        |
| 13           |             |        |                       |        |                        |        |
| 14           |             |        |                       |        |                        |        |
| 15           |             |        |                       |        |                        |        |
| 16           |             |        |                       |        |                        |        |
| 17           |             |        |                       |        |                        |        |
| 18           |             |        |                       |        |                        |        |
| 19           |             |        |                       |        |                        |        |
| 20           |             |        |                       |        |                        |        |
| 21           |             |        |                       |        |                        |        |
| 22           |             |        |                       |        |                        |        |
| 23           |             |        |                       |        |                        |        |
| 24           |             |        |                       |        |                        |        |
| 25           |             |        |                       |        |                        |        |
| 26           |             |        |                       |        |                        |        |
| 27           |             |        |                       |        |                        |        |
| 28           |             |        |                       |        |                        |        |
| 29           |             |        |                       |        |                        |        |
| 30           |             |        |                       |        |                        |        |
| 31           |             |        |                       |        |                        |        |
| 32           |             |        |                       |        |                        |        |
| 33           |             |        |                       |        |                        |        |
| 34           |             |        |                       |        |                        |        |
| 35           |             |        |                       |        |                        |        |
| 36           |             |        |                       |        |                        |        |
| 37           |             |        |                       |        |                        |        |
| 38           |             |        |                       |        |                        |        |
| 39           |             |        |                       |        |                        |        |
| 40           |             |        |                       |        |                        |        |
| 41           |             |        |                       |        |                        |        |
| 42           |             |        |                       |        |                        |        |
| 43           |             |        |                       |        |                        |        |
| 44           |             |        |                       |        |                        |        |
| 45           |             |        |                       |        |                        |        |
| 46           |             |        |                       |        |                        |        |
| 47           |             |        |                       |        |                        |        |
| 48           |             |        |                       |        |                        |        |
| 49           |             |        |                       |        |                        |        |
| 50           |             |        |                       |        |                        |        |
| Total Indep  |             |        | 4                     |        |                        |        |
| Total Depend |             |        | 15                    |        |                        |        |
| Total Claims |             |        | 16                    |        |                        |        |

|              | Indep | Depend | Indep | Depend | Indep | Depend |
|--------------|-------|--------|-------|--------|-------|--------|
| 51           |       |        |       |        |       |        |
| 52           |       |        |       |        |       |        |
| 53           |       |        |       |        |       |        |
| 54           |       |        |       |        |       |        |
| 55           |       |        |       |        |       |        |
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| 62           |       |        |       |        |       |        |
| 63           |       |        |       |        |       |        |
| 64           |       |        |       |        |       |        |
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| 66           |       |        |       |        |       |        |
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| 69           |       |        |       |        |       |        |
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| 77           |       |        |       |        |       |        |
| 78           |       |        |       |        |       |        |
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| 80           |       |        |       |        |       |        |
| 81           |       |        |       |        |       |        |
| 82           |       |        |       |        |       |        |
| 83           |       |        |       |        |       |        |
| 84           |       |        |       |        |       |        |
| 85           |       |        |       |        |       |        |
| 86           |       |        |       |        |       |        |
| 87           |       |        |       |        |       |        |
| 88           |       |        |       |        |       |        |
| 89           |       |        |       |        |       |        |
| 90           |       |        |       |        |       |        |
| 91           |       |        |       |        |       |        |
| 92           |       |        |       |        |       |        |
| 93           |       |        |       |        |       |        |
| 94           |       |        |       |        |       |        |
| 95           |       |        |       |        |       |        |
| 96           |       |        |       |        |       |        |
| 97           |       |        |       |        |       |        |
| 98           |       |        |       |        |       |        |
| 99           |       |        |       |        |       |        |
| 100          |       |        |       |        |       |        |
| Total Indep  |       |        |       |        |       |        |
| Total Depend |       |        |       |        |       |        |
| Total Claims |       |        |       |        |       |        |